PARK-CENTER

Indoor Summer Swim Lessons

Tuesday & Thursday Evenings

Session # Dates (Registration Dates)

- 1 June 7-30 (May 20, 5am Deadline June 4)
- 2 July 5-28 (June 24, 5am Deadline July 2)

4:00-4:30	4:35-5:05	5:10-5:40	5:45-6:15	6:20-6:50
All Levels	All Levels	All Levels	All Levels	All Levels, Guppies
		Guppies	Adult Beginning 5:45-6:20	Adult Intermediate 6:25-7:00

Saturday Mornings

Session # Dates (Registration Dates)

A June 18-Aug 6

(Registration: May 16, 5am - Deadline June 15)

9:00-9:30	9:35-10:05	10:10-10:40	10:45-11:15	11:20-11:50
All Levels	All Levels	All Levels	All Levels	All Levels
Adult Beginning	Guppies	Adult Beginning	Guppies	Adult Intermediate

Ages: Guppies* (6 months-4 Years)

*Parent and Child are both in the water

All Levels (3-16 Years)
Adult (16+ Years)

Cost: \$35/\$40 (Resident/Non-Resident)

Each Session includes 8 lessons, 30 min each.

Monday-Thursday Mornings

Session # Dates (Registration Dates)

- 1 June 6-16 (May 2, 5am Deadline June 2)
- 2 June 20-30 (June 10, 5am Deadline June 16)
- 3 July 5-14* (June 24, 5am Deadline June 30)
- 4 July 18-28 (July 8, 5am Deadline July 14)
- 5 Aug 1-11 (July 22, 5am Deadline July 28)

11:10-11:40 AM	11:45 AM-12:15 PM
All Levels	All Levels
Guppies	Adult Beginning

* Due to the 4th of July Holiday Classes will run Tuesday-Friday the 1st week. The 2nd week classes will resume Monday-Thursday.

Participant's Name			
Age Male or Female Birthdate	Grade	School	
Address		City	Zip
Parent/Guardian Name	_ Phone	E-mail	· · · · · · · · · · · · · · · · · · ·
Emergency Contact	Relation	Phone Number	
Has participant taken Swim Lessons befo	re? No Yes	_ Last Level Completed	d t
Level: Session: Time:_	Preferred Instru	uctor:	
Does the participant have any limitations?	No/Yes If yes, please	explain:	
<u> </u>		<u> </u>	

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

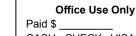
In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which I, as the participant, (or my child) may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, and agree to all of their terms and conditions. NO make-up lessons for missed classes. Registrations will NOT be accepted after the deadline. Refunds will NOT be given after 1st day of class. If my child has any special needs or limitations I will let the Park Center know before the first day of class.

/ /2010		
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Signature of Parent/Guardian

Date

202 E Murray Park Ave Murray, Utah 84107 (801) 284-4200



CASH CHECK VISA DISC AMEX MC

Date: _____ Staff:____